

**IN THE UNITED STATES DISTRICT COURT  
FOR THE SOUTHERN DISTRICT OF MISSISSIPPI  
SOUTHERN DIVISION**

JOHN A. ORTLAND

PLAINTIFF

V.

CIVIL ACTION NO. 1:07cv1075LG-RHW

SHERIFF BRISOLARA, FORMER  
SHERIFF GEORGE H. PAYNE, JR.,  
MAJOR DIANNE GASTON-RILEY,  
CAPTAIN PHIL TAYLOR, et al.

DEFENDANTS

STATE OF MISSISSIPPI

COUNTY OF HARRISON

**AFFIDAVIT OF WARDEN DONALD CABANA  
HARRISON COUNTY SHERIFF'S OFFICE**

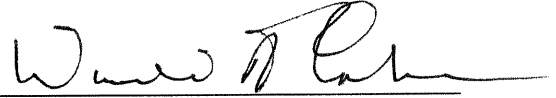
PERSONALLY CAME AND APPEARED BEFORE ME the undersigned authority in and for the County and State aforesaid, the within named, DONALD CABANA, who, after first being duly sworn by me on his oath, did depose and state the following:

1. My name is DONALD CABANA, and I am over the age of twenty-one (21) years. I am the Director of Corrections for the Harrison County Adult Detention Center and have held this position since August 18, 2006. I have personal knowledge of the matters and facts contained in this Affidavit and I am competent to testify to the matters stated herein.

2. As Director of Corrections for the Harrison County Sheriff's Office, I have first hand knowledge of the maintenance and/or storage of records of the Harrison County Sheriff's Office for the Adult Detention Center and what those records reflect, including inmate medical records, inmate court records, and policies of the Harrison County Sheriff's Office.
3. I have attached hereto as **Exhibit "1"** John Albert Ortland's inmate records. They are a true and correct copy of Plaintiff's inmate records contained in the files of the Harrison County Adult Detention Center, which are maintained in the regular course of the law enforcement function of the Sheriff of Harrison County and the Harrison County Adult Detention Center, and were generated in the regular course and pursuant to the regular activities of and duties imposed by law upon the office of the Harrison County Sheriff and made at or near the time of the matters set forth or from information transmitted by, a person with knowledge of those matters.
4. There is no inmate record of any incident, or complaint of an incident, involving Correctional Officers and Plaintiff during all relevant times of the Plaintiff's incarceration on September 8, 2004.
5. I have attached hereto as **Exhibit "2"** relevant portions of Seal's medical records contained in the files of the Harrison County Adult Detention Center, which are maintained in the regular course of the law enforcement function of the Sheriff of Harrison County and the Harrison County Adult Detention Center, and were generated in the regular course and pursuant to the regular activities of and duties imposed by law upon the office of the Harrison County Sheriff and made at or near the time of the matters set forth or from

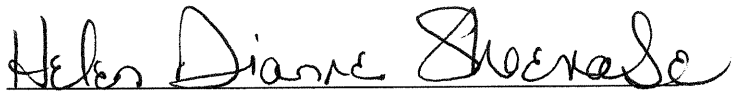
information transmitted by, a person with knowledge of those matters.

I certify the above declaration is true and correct under penalty of perjury.



Affiant/Donald Cabana  
Harrison County, Mississippi

Sworn to and subscribed before me on this the 19 day of November, 2009.



Notary Public





*Sheriff George H. Payne Jr.*

**This is the Code Amber Amber Alert Ticker: Click Here to add th**

U.S. Aircraft - HIGH

4:19:04 pm

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- Mississippi Code
- NCPLC Violations

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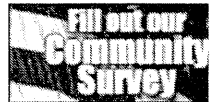
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**HCSO BULLETIN**

Enter email address to sign up!

**Submit**



#### Personal Information

Name: ORTLAND, JOHN ALBERT  
 Date Of Birth: 7/29/1940 (appr. 64 yo at time of arrest)  
 Address: 1835 E PASS RD LOT # 60 GULFPORT, Mississippi 39501  
 Race: W  
 Sex: M  
 Booking Date: 9/8/2004 4:49:00 AM  
 Release Date: 9/8/2004 10:26:00 AM

No Mugshot Available

#### Charges

**INTER W/DUTIES OF A POLICE OFF (Misdemeanor)**

Arrested By: GULFPORT  
 Arrest Location: *Not Listed*  
 Status: NEEDS INITIAL APPEARANCE  
 Status Date: 11/30/1899  
 Court Date: 9/10/2004 9:00:00 AM (Approximate time)  
 Bail Amount:  
 Bond Type: SURETY BOND  
 Bond Company: HARRISON COUNTY SHERIFF'S OFFICE

#### Sentence Description:

**DISORDERLY CONDUCT (Misdemeanor)**

Arrested By: GULFPORT  
 Arrest Location: *Not Listed*  
 Status: NEEDS INITIAL APPEARANCE  
 Status Date: 11/30/1899  
 Court Date: 9/10/2004 9:00:00 AM (Approximate time)  
 Bail Amount:  
 Bond Type: SURETY BOND  
 Bond Company: HARRISON COUNTY SHERIFF'S OFFICE

#### Sentence Description:

[Previous Page](#) | [Return To Docket Search](#)

[Terms of Service](#)

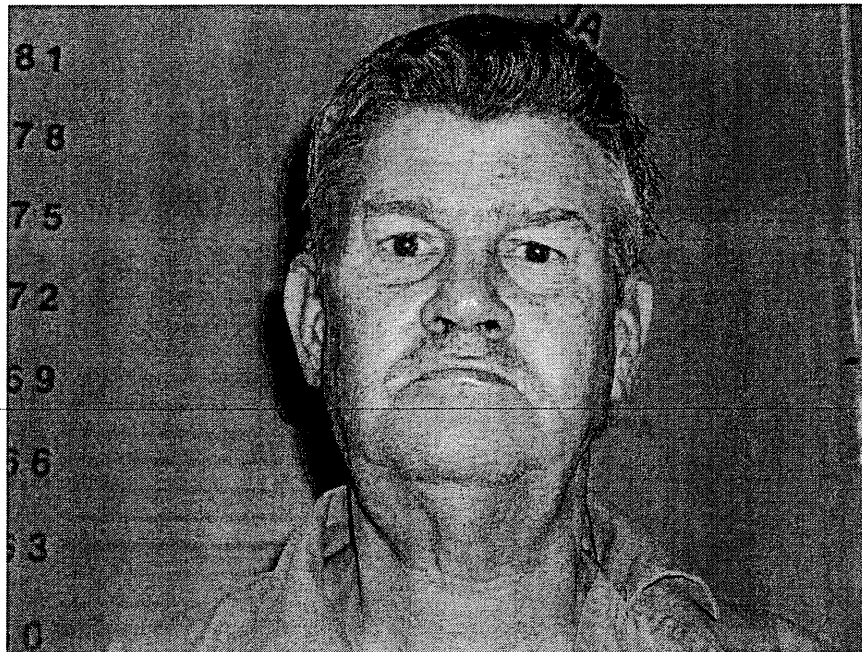
Mailing Address: 10451 Larkin Smith Drive Gulfport, Ms 39503  
 ©2002-2005 Harrison County Sheriff's Department / Harrison County - All Rights Reserved  
[Click here for site problems or questions](#)  
 Currently, there are 98 people online

**EXHIBIT**  
**"A-1"**

## BOOKING REPORT

HARRISON COUNTY SHERIFF

ORTLAND, JOHN ALBERT



Agency ID:	CJ000263129	Race:	W
Date of Birth:	19400729	Sex:	M
Place of Birth:	OKLAND,CA	Weight:	185
Social Security:	567561436	Height:	508
Occupation:	UNEMPLOYED	Hair:	BRO
Alias:		Eye:	BRO

## System Info Header

DocketID CJ0000263129 SSN 567-56-1436 Severity Misdemeanor PIN 88438 Inmate Status RELEASED Release Estimator 09/08/2004

## Inmate photo

## Inmate name

Last ORTLAND Suffix First JOHN Middle ALBERT

## Arrest

Arrest Date 09/08/2004 Arrest Time 04:49  
Arrest Tracking No Arrest was made O - ON VIEW  
Arresting agency G GULFPORT ?  
Arresting officer 229 Investigating office  
Street City State UN - Unknown

## Charge List

Case	Cause	Charge	Count	Status	Bond by	District	Set on	Severity	Amount
04033518		2404, INTER W/DUTIES OF A POLICE	1	NI	2400	G	11/30/1899	M	
04033518		2401, DISORDERLY CONDUCT	1	NI	2400	G	11/30/1899	M	
									Total 0.00

## Controls

New Charge

Combo Booking Repor

Charge Details

Next Screer

USER: FERRELL MADINE

DATE: 12:36:26 Wednesday 01/02/2008

PROCESSING:

F2 - Form Menu. F3 - Screen Menu. F10 - Logoff. F1 - Submit. F4 - Next Screen. F5 - Previous Screen.  
F6 - Add To List. F8 - Print Screen

JMS 1.4  
SP6

## Inmate photo

## Search Criteria

Booking Agency  PIN  DOC   
Detention Facility  SSN  Cause   
Docket ID  DL  Case   
Last Name  ORTLAND First Name  JOHN Middle Name   
Alias Last Name  Alias First Name  Alias Middle Name   
Booking Date  DOB   
Release Date  Last Charge Date

## Search Criteria

Agency  Charge   
Facility  Block  Section  Cel

## Inmate List

DocketID	Last Name	First Name	Middle Name	DOB	Last Booking I	SSN	PIN	Facility Locati	Release Date
CJ0000263129	ORTLAND	JOHN	ALBERT	07/29/1940	09/08/2004	567-56-1436	88438		09/08/2004,

## Controls

Search

Show Mugshot

New Booking

New Inmate

Details

USER: FERRELL MADINE

DATE: 10:57:29 Thursday 12/20/2007

PROCESSING:

F2 - Form Menu. F3 - Screen Menu. F10 - Logoff.  
F6 - Add To List. F8 - Print ScreenJMS 1.4  
SP6



## System Info Header

DocketID  SSN  Severity  PIN  Inmate Status  Release Estimator

## Inmate photo

## Inmate name

Last  Suffix  First  Middle

## Arrest

Arrest Date  Arrest Time   
Arrest Tracking No  Arrest was made   
Arresting agency   ?  
Arresting officer  Investigating office   
Street  City  State

## Charge

Type   ?  
Charge Status   ?  
Sentence   
Bail Type   
Bail amount   
Case Agency   ? Case   
Attorney  ?  
Court Date  Time   
Warrant Date   
Count  Severity   
Set on   
Term  Y  M  D Credit Time Day   
Concurrent   
Set by  Entry data incorrect! ? On   
Cause  NIC  St   
Judge  ?  
Judicial District   ?  
**Drop Charge**  
Drop  Date  Time   
Description

## Controls

USER: FERRELL MADINE

DATE: 12:37:02 Wednesday 01/02/2008

PROCESSING: 

F2 - Form Menu. F3 - Screen Menu. F10 - Logoff. F1 - Submit. F4 - Next Screen. F5 - Previous Screen.  
F6 - Add To List. F8 - Print Screen

JMS 1.4  
SP6

## System Info Header

DocketID C38000263129 SSN 567-56-1436 Severity Misdemeanor PIN 88438 Inmate Status RELEASED Release Estimation 09/08/2004

## Inmate photo

## Inmate name

Last ORTLAND Suffix First JOHN Middle ALBERT

## Arrest

Arrest Date 09/08/2004

Arrest Time 04:49

Arrest Tracking No

Arrest was made O - ON VIEW

Arresting agency G

GULFPORT

Arresting officer 229

Investigating office

Street

City

State UN - Unknown

## Charge

Type 2401

DISORDERLY CONDUCT

Count 1

Severity Misdemeanor

Charge Status NI

NEEDS INITIAL APPEARANCE

Set on 11/30/1899

Term Y M D

Credit Time Day

Sentence

Concurrent

Bail Type SB - SURETY BOND

Set by Entry data incorrect!

On 11/04/2006

Bail amount

Cause

NIC

St UN - Unknown

Case Agency G

GULFPORT

Case 04033518

Judge

Attorney

Judicial District G

CITY OF GULFPORT

Court Date 09/10/2004

Time 09:00

## Drop Charge

Drop

Date

Time

Warrant Date

Description

## Controls

New Charge

Save

Print Report

Previous Screer

Charge Lis

USER: FERRELL MADINE

DATE: 12:37:45 Wednesday 01/02/2008

PROCESSING:

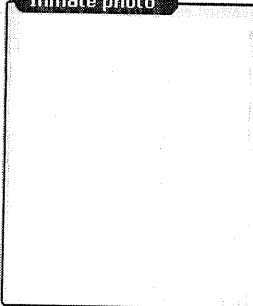
F2 - Form Menu, F3 - Screen Menu, F10 - Logoff, F1 - Submit, F4 - Next Screen, F5 - Previous Screen,  
F6 - Add To List, F8 - Print Screen

JMS 1.4  
SP6

System Info Header

DocketID CJB0000263129 SSN 567-56-1436 Severity Misdemeanor PIN 88438 Inmate Status RELEASED Release Estimator 09/08/2004

Inmate photo



Inmate name

Last ORTLAND Suffix First JOHN Middle ALBERT

MFS Feedback

Not Verified By MF:

Release

Release Date 09/08/2004 Release Time 10:26

Release Code OA - OTHER AGENCY

Release Officer C1 SYSTEM

Release Authority

Inmate Signature

☐ Signed ☐ Refused

Hold

Status Descriptor

Controls

Save

Print Report

Previous Screen

Next Screen

USER: FERRELL MADINE

DATE: 12:39:14 Wednesday 01/02/2008

PROCESSING:

F2 - Form Menu. F3 - Screen Menu. F10 - Logoff. F1 - Submit. F4 - Next Screen. F5 - Previous Screen. F6 - Add To List. F8 - Print Screen



JMS 1.4  
SP6

## BOOKING FORM

NAME ORTLAND,JOHN ALBERT  
SOCIAL SECURITY 567561436

BOOKING DATE 9- 8-2004 TIME 4:49 DOCKET NUMBER CJ 263129  
BIRTH DATE 7-29-1940 SEX M RACE W  
BOOKING OFFICER

ID	FELONY CHARGES CHARGE CODE DESCRIPTION	CASE AGENCY NUMBER	BOND TYPE	AUTHORITY	AMOUNT
1434194	INTER W/DUTIES OF A POLICE O	2420	SB	GULFPORT CITY	622.00
1434195	DISORDERLY CONDUCT	2420	SB	GULFPORT CITY	327.00
9/ 8/2004	BSC G				
9/ 8/2004	CHRGSTAT NI	CHARGE ID 001434194			
9/ 8/2004	CHRGSTAT NI	CHARGE ID 001434195			
9/ 8/2004	MEDICAL ADD				
9/ 8/2004	RELEASED	OA			
9/ 8/2004	PROPERTY REL	PANTS TAN			
		PROPERTY ID 001161970			
9/ 8/2004	PROPERTY REL	SHOES X2 BROWN			
		PROPERTY ID 001161971			
9/ 8/2004	PROPERTY REL	BELT BLACK			
		PROPERTY ID 001161974			

DATE	RELEASED TIME OFFICER	RELEASE TYPE OTHER AGENCY	BOND COMPANY	RECEIPT NO
9/ 8/2004	10:26 261			
	BOND AMOUNT	949.00	RECEIPT NAME COURT PROGRAMS	

38104 0035 05:26:15 09/08/04

3W.MS0240001.NAM/ORTLAND, JOHN ALBERT.SEX/M.RAC/U.SOC/567561436

38104 38104 0036 05:26:32 09/08/04

NCIC 5327 05:26:34 09/08/04

1L01381040W

MS0240001

NO NCIC WANT SOC/567561436

38104 0036 05:26:34 09/08/04

3H.MS0240001.NAM/ORTLAND, JOHN ALBERT.RAC/U.SEX/M.DOB/19400729.SOC/567561436.PUR/  
C.ATN/BOOKING PACKET NECAISE

38104 38104 0037 05:27:04 09/08/04

NCIC 5331 05:27:07 09/08/04

1L01381040H

MS0240001

THIS NCIC INTERSTATE IDENTIFICATION INDEX RESPONSE IS THE RESULT OF YOUR  
INQUIRY ON NAM/ORTLAND, JOHN ALBERT SEX/M RAC/U DOB/19400729  
SOC/567561436 PUR/C

NAME	FBI NO.	INQUIRY DATE
ORTLAND, JOHN ALBERT	60997G	2004/09/08

SEX	RACE	BIRTH DATE	HEIGHT	WEIGHT	EYES	HAIR	BIRTH PLACE	PHOTO
M	W	1940/07/29	511	185	BRO	BRO	CALIFORNIA	N

FINGERPRINT CLASS	PATTERN CLASS
7 12 10 60 CI	RS RS RS LS LS LS LS LS LS LS
6 12 10 14 11	WU WU

ALIAS NAMES	
ORTLAND, JOHN A	ORTLAND, JOHN ABLERT

SOCIAL SECURITY  
667-56-1436  
667-56-1456  
667-56-9436

IDENTIFICATION DATA UPDATED 1999/01/06

THE CRIMINAL HISTORY RECORD IS MAINTAINED AND AVAILABLE FROM THE  
FOLLOWING:  
CALIFORNIA - STATE ID/CA02922676

THE RECORD(S) CAN BE OBTAINED THROUGH THE INTERSTATE IDENTIFICATION  
INDEX BY USING THE APPROPRIATE NCIC TRANSACTION.

END

8104 0037 05:27:07 09/08/04

☐ JUVENILE INVOLVED

## UNIFORM ARREST/BOOKING FORM

Case Number  
04-033518

BILOXI ☐ GULFPORT ☒ LONG BEACH ☐ PASS CHRISTIAN ☐  
 D'IBERVILLE ☐ HARRISON COUNTY ☐ OTHER ☐

Full Name of Person Arrested (Last, First, Middle)

ORTLAND, JOHN ALBERT

Alias, Maiden, or Nickname

Address of Defendant

Street / House Number

City / State

1835 E. PASS RD, LT#60

GPT

MS 39501

Home Telephone Number

☒ None

DL State

CL

DL Number

☐ None☐ Expired☒ Suspended

DL Type

☐ Operators☐ Commercial

DL Expiration Date

Occupation and Employer

☐ Unemployed

UNKNOWN

Social Security Number

☐ Same as DL

567-56-1436

Age 64 Sex M Race W Height 508 Weight 511 Hair 185 Eyes BRO Scars, Birth Marks, Tattoos, Amputations none

Date of Birth

07/29/1940

Place of Birth (City &amp; State)

OKLAND CAL.

Contact in Event of Emergency

none

Relationship

N/A

Contact's Address

Street / House Number

City / State

N/A

N/A

N/A

Home Telephone Number

( )

Business Telephone Number

( )

Date of Arrest

09/08/2004

Day of Arrest

S M Tu W Th Fr Sa

Time of Arrest

02:32

Location of Arrest

1835 E. PASS RD, LT#60

1835 39501 A6

PLEA

COURT CLERK USE ONLY  
DispositionCharge / Offense ☐ Felony ☒ Misdemeanor ☐ Traffic

IMPEDING DUTIES POLICE OFFICER

Date of Offense

09/08/2004

Court Date / Time

09/10/2004 09:00

Bond Amount

\$622.00

Charge / Offense ☐ Felony ☒ Misdemeanor ☐ Traffic

DISORDERLY CONDUCT

Date of Offense

09/08/2004

Court Date / Time

09/10/2004 09:00

Bond Amount

\$327.00

Charge / Offense ☐ Felony ☐ Misdemeanor ☐ Traffic

Date of Offense

Court Date / Time

Bond Amount

Charge / Offense ☐ Felony ☐ Misdemeanor ☐ Traffic

Date of Offense

Court Date / Time

Bond Amount

Charge / Offense ☐ Felony ☐ Misdemeanor ☐ Traffic

Date of Offense

Court Date / Time

Bond Amount

C  
S  
T  
A  
T  
U  
T  
O  
R  
Y☐ Released - NO Charge☒ County Jail☐ Released - Summons☐ Juvenile Shelter☐ Pre-Trial Release☐ Juvenile Detention☐ Bond Company☐ Cash Bail Receipt #☐ Family Court☒ Municipal Court

1st 2nd

Judicial ☐ ☐Justice ☐ ☐Circuit ☐ ☐Chancery ☐ ☐

Check All Items That Apply

☐ Drinking ☐ Cooperative☐ Drunk ☐ Resistive☐ Drugs ☐ Belligerent

Bond Authorized By

Total Bond

\$949.00

Judge

HCSO

Municipal Court

Arresting Officer (ID # and Name)

5025 THOMPSON #229

Assisting Officer(s) (ID # and Name)

none

Transporting Officer (ID # and Name)

5025 THOMPSON #229

How was Arrest Made?

☐ On View☒ On Call☐ Warrant

Other Persons Arrested for Same Offense

☐ None

Judge

Date of Warrant

1.

2.

Officer Fingerprinting &amp; Photographing

Property Seized?

☐ Yes ☒ No

Telephone Call

☐ Yes ☒ No☐ Refused

Detective Notified

☐ Yes ☒ No

Individual Armed

☐ Yes ☒ No

Vehicle Towed?

☐ Yes ☒ No

Hold Placed On Vehicle?

☐ Yes ☒ No

Supervisor Notified

☒ Yes ☐ No

Weapon:

By

Authorized By

Name: GASTON

Defendants Rights Given By

Date

Time

Place

Witness(es)

none

N/A

N/A

☐ Verbal☐ Form

Detention Date/Time

Officer (# &amp; Name)

Property

Phone Call Made

☐ Yes ☐ No

Court Clerk Use Only

09-08-04 - 0449

J. L. C. 218

N/A

# Called:

Docket #:

263129

Facility

Cell

Fingerprints

Mug Shot Taken

Adult Detention ☒ Juvenile Detention ☐ Shelter ☐

N/A

Yes ☐ No ☐Yes ☐ No ☐

Line #

Page #

Release Date/Time

Officer (# &amp; Name)

Release Status (Bond/or Time Served, Etc.)

Sheriff's Receipt #

090804

J. L. C. 21

Court Program

N/A

Book #

DOC

NCIC ☒ Negative ☐ Hit

NCIC #

Charges

Agency

DOC ☒ Negative ☐ Hit☐ Probation ☐ Parole

County

Offense

Case Supervisor

Old Fines ☒ Negative ☐ Hit

Amount

Total Days Given

Docket Number

Case Number

Juvenile-Parent or Guardian Name

Address

Street / House Number

City / State

Telephone #

Contacted By

What Prompted Arrest

SUBJ/ORTLAND REFUSED TO PROVIDE ID INFORMATION, DL, PLACE BIRTH, EMPLOYMENT. SUBJECT YELLED

PROFANITY REPEATEDLY WITH OPEN DOOR AT RESIDENCE.

01 01

White - Original/Records Pink - Clerk Yellow - Detectives White Copy - Patrol Gold - Jail

Uniform Arrest / Booking Form

Gulfport Police Department / 009 / Revised April 2002

ITEM	NO.	DESCRIPTION	ITEM	NO.	DESCRIPTION
EARRINGS			PANTS	1	Tan
BRACELETS			JACKET		
WATCH			HAT		
KEYS	1	on ring	SHIRT	1	Blue
LIGHTER			SHOES	2	Brown
WALLET			BELT	1	Black
DRIV LIC			T SHIRT		
CREDIT CARDS			KNIFE		
MEDICATION			GLASSES		
NECKLACES			RINGS		
CHECKBOOK			PURSE		
FOODSTAMPS			CASINO CHIPS		
CELL PHONE			PAGER		
CIGARETTES			UNDERWEAR		
MISC.			MISC.		
MISC.			MISC.		
MISC.			MISC.		
MISC.			MISC.		

ARRESTING OFFICER Robert K. [Signature] DATE 09/08/07

QPADEV00

(1) Page 2 (13) Charges (14) History (15) Property (16) Medical  
(17) Scheduling (18) Accounting (19) View Photo (20) Line-up (24) Exit

Docket: CJ 263129 Arrest Date 9 - 8 - 2004 Time 4 : 49 Ofcr 221  
Release Date 9 - 8 - 2004 Time 10 : 26 Ofcr 261

Rel Code OA OTHER AGENCY Bond Co

Bond Amt 949.00 Receipt Number Name COURT PROGRAMS

Name ORTLAND, JOHN ALBERT Alias  
Address 1835 E PASS RD LOT # 60 Occ: UNEMPLOYED  
City GULFPORT ST MS ZIP 39501 Phone ( ) -  
Race: W Sex: M Height 5 8 Weight 185 Hair BRO Eyes BRO  
SSN: 567561436 Driver License Num: DL State:  
DOB: 7 - 29 - 1940 Age 64 Birth City: OKLAND Birth State: CA  
File Number 88438 FBI Number DOC Number  
SMT:  
SMT:

Cell CJ HC4 HOLDING CELL 4 BSC Code G GULFPORT

Photograph Y (Y/N) Fingerprints N (Y/N) Phone Call Y (Y/N)

(en) or (24) Exit

Docket: CJ 263129 Arrest Date 9 - 8 - 2004 Time 4 : 49 Ofcr 221  
Release Date 9 - 8 - 2004 Time 10 : 26 Ofcr 261

=====  
Name ORTLAND, JOHN ALBERT Alias  
Address 1835 E PASS RD LOT # 60 Occ: UNEMPLOYED  
City GULFPORT ST MS ZIP 39501 Phone ( ) -  
=====

Tracking Codes

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

----- Emergency Contact -----

Name NONE GIVEN Relation  
Address \_\_\_\_\_ Hm Phone ( ) -  
City \_\_\_\_\_ ST Zip \_\_\_\_\_ Wk Phone ( ) -

## PROPERTY RELEASES/RETURNED

NAME ORTLAND, JOHN ALBERT  
SOCIAL SECURITY 567561436

BOOKING DATE 9- 8-2004 TIME 4:49 DOCKET NUMBER CJ 263129  
BIRTH DATE 7-29-1940 SEX M RACE W

RELEASED DATE	OFFICER	ITEM	DESCRIPTION	TO
9/ 8/2004	261	PANTS	TAN	BOOKING
9/ 8/2004	261	SHOES	X2 BROWN	BOOKING
9/ 8/2004	261	KEYS	ON RING	BOOKING
9/ 8/2004	261	SHIRT	BLUE	BOOKING
9/ 8/2004	261	BELT	BLACK	BOOKING

RETURNED DATE	OFFICER	ITEM	DESCRIPTION	TO
9/ 8/2004	261	BLANKET		BOOKING
9/ 8/2004	261	CUP		BOOKING
9/ 8/2004	261	SOAP		BOOKING
9/ 8/2004	261	SANDALS	TWO	BOOKING
9/ 8/2004	261	MATTRESS		BOOKING
9/ 8/2004	261	MATT COVER		BOOKING
9/ 8/2004	261	PANTS		BOOKING
9/ 8/2004	261	PROP SHEET		BOOKING
9/ 8/2004	261	SPOON		BOOKING
9/ 8/2004	261	T SHIRT		BOOKING
9/ 8/2004	261	SHEET		BOOKING
9/ 8/2004	261	TOOTHBRUSH		BOOKING
9/ 8/2004	261	TOOTHPASTE		BOOKING
9/ 8/2004	261	TOWEL		BOOKING

ARRESTEE/INMATE SIGNATURE

DATE

OFFICER SIGNATURE:

BADGE NO: 261

ACCOUNT BALANCE

(SUBJECT TO AUDIT)

QPADEV00

12/20/2007

11:01:59

(1) Display (2) First (5) Next 9 - 8 - 2004 Time 10 : 26

(24) Exit

Arrest No: CJ 263129 File # 88438 Name ORTLAND, JOHN ALBERT

Date	Time	Type	Code	Comment
09/08/2004	07:07	PERSON	ADD	
09/08/2004	07:13	BSC	G	
09/08/2004	07:14	CHRGSTAT	NI	
09/08/2004	07:15	CHRGSTAT	NI	
09/08/2004	07:17	PROPERTY	ACQ	PANTS TAN
09/08/2004	07:17	PROPERTY	ACQ	SHOES X2 BROWN
09/08/2004	07:17	PROPERTY	ACQ	KEYS ON RING
09/08/2004	07:17	PROPERTY	ACQ	SHIRT BLUE
09/08/2004	07:17	PROPERTY	ACQ	BELT BLACK
09/08/2004	07:17	PROPERTY	ISS	BLANKET
09/08/2004	07:17	PROPERTY	ISS	CUP
09/08/2004	07:17	PROPERTY	ISS	SOAP
09/08/2004	07:17	PROPERTY	ISS	PROP SHEET
09/08/2004	07:17	PROPERTY	ISS	TOWEL
09/08/2004	07:18	MEDICAL	ADD	
09/08/2004	10:26	RELEASED	OA	
09/08/2004	10:26	PROPERTY	REL	PANTS TAN

QPADEV00

12/20/2007 11:01:59

(1) Display (2) First (5) Next 9 - 8 - 2004 Time 8 : 13 (24) Exit

Arrest No: CJ 263129 File # 88438 Name ORTLAND, JOHN ALBERT

Date	Time	Type	Code	Comment
09/08/2004	10:26	PROPERTY REL	PANTS	TAN
09/08/2004	10:26	PROPERTY REL	SHOES	X2 BROWN
09/08/2004	10:26	PROPERTY REL	BELT	BLACK
09/08/2004	10:26	PROPERTY RET	BLANKET	
09/08/2004	10:26	PROPERTY RET	CUP	
09/08/2004	10:26	PROPERTY RET	PROP SHEET	
04/06/2005	11:11	RECORDS	NUMB	
04/06/2005	11:11	PERSON	MOD	

Amount of Bond \$949.00	EPD	Harrison County Sheriffs Office Pre-Trial Release Supervision	Case Number 04-633518
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The following person, arrested for a misdemeanor,  
is hereby released after having agreed to appear in Court as stated below:

\* Failure to appear in Court will result in a Contempt of Court warrant being issued for your arrest \*



1. Name of Defendant (Last, First, Middle) Ortland, John Albert		2. Alias or Nickname	
3. Address of Defendant 1835 E Pass Rd Lot 60 Gulfport, MS 39501		4. Home Phone	
5. Employer and Address		6. Work Phone	
7. Arresting Officer No. 779 Name Thompson	8. Arrest Date 090804	9. Time of Arrest 0232	
10. Charge/Offense Impeding duties ; Disorderly Conduct			

I, the undersigned defendant, do hereby agree as a condition of my Pre -Trial Release, I must report to a Pre - Trial Release officer at Court Programs, Inc., #28 29<sup>TH</sup> Street, Gulfport, Mississippi, (228) 864-0999, no later than

September 17<sup>th</sup> 20 04, at 9:00 a.m. to 5:00 p.m.  
day of week/month

I also understand that my court date is September 10<sup>th</sup> 20 04, at 0900 a.m./p.m.  
day of week/month

**NOTE: FAILURE TO APPEAR AT COURT PROGRAMS, INC. WILL RESULT IN YOUR BEING CHARGED WITH CONTEMPT OF COURT AND A WARRANT WILL BE ISSUED FOR YOUR ARREST IMMEDIATELY.**

11. Defendant's Signature 		12. Date 090804	
13. Releasing Supervisor 		14. Date 090804	15. Time 1030
16. Person Released to Court Programs		17. Address	
18. Employer and Address			
19. Home Phone		20. Work Phone	
21. Additional Space for Comments (if needed)  CS 263129			
22. SS#: 567-56-1436			
23. Date of birth: 072940			

WHITE (DEFENDANT)

YELLOW (COURT PROGRAMS)

PINK (JAIL)

HEALTH ASSURANCE LLC

## CONSENT TO TREATMENT FORM

ORTLAND JOHN  
NAME OF INMATE9-8-04  
DATE7-2-40  
INMATE #/DOB

I hereby give my consent to Health Assurance LLC, its employess and agents to perform any diagnostic laboratory procedures, examinations, x-rays, oral or injected medications or other procedures recommended by the physician.

I am aware the practice of medicine is not an exact science and I acknowledge no guarantees have been made regarding the result of treatments or examinations performed by Health Assurance LLC.

I also authorize the transfer of my medical records or copies of said records to any facility to which I am referred for treatment or to any other correctional facility to which I am transferred.

I understand I may withdraw this consent to any specific treatment by refusing the treatment or test.

I sign this willingly in full understanding of the above and release Health Assurance LLC, its employees and agents from any and all liability which may arise from this action.

John A. Guttan 9.8.04  
INMATE SIGNATURE DATE

[Signature]  
WITNESS

\_\_\_\_\_  
WITNESS

HEALTH ASSURANCE L

Harrison County Adult Detention Facility  
10451 Larkin Smith Dr  
Gulfport, MS 39503  
(228)896-0646 Fax (228)896-0645

AUTHORIZATION FOR RELEASE OF INFORMATION

INMATE NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

I, \_\_\_\_\_, hereby authorize \_\_\_\_\_  
to release any and all of my medical record information to the above named facility.

Purpose of Disclosure: to continue treatment. This authorization includes the release of psychological, psychiatric, alcohol, drug abuse and HIV/AIDS data. This authorization included reviewing and/or copying all or portions of my medical record. I release Health Assurance LLC, Harrison County Adult Detention Facility and my physician from any responsibility or liability from the releasing of this information.

The patient has the right to revoke the authorization at any time by sending written notification to the above address. The revocation is not effective to the extent that this facility has taken action in reliance thereon or if the authorization was obtained as a condition of obtaining insurance and law provide the insurer with the right to contest a claim under the policy.

The information used or disclosed pursuant to the authorization may be subject to redisclosure by the recipient and no longer be protected by the privacy regulations.

I understand this authorization shall remain in full force and effect for the period of one year from today's date unless withdrawn in writing by me.

\_\_\_\_\_  
INMATE SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
DATE

HEALTH ASSURANCE LLC7-2-40  
567-561436

## NURSES NOTES

Ostlund, John E.

DATE	TIME	
		Med Hx: Cancer. prostate / Kidney
		2/ year
		Fort with far from
		Uterus

Rx: no med.

Current: cb lump on

posterior part of head cb from  
to anterior chest area.- state was taken into a  
cell and beaten.

(General soreness)

PR

INITIAL SIGNATURE

INITIAL SIGNATURE

INITIAL SIGNATURE

NAME- LAST

FIRST

MIDDLE

ALLERGIES

INMATE #

NURSE NOTES